

**TO THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII
ANNUAL REPORT OF MOTOR CARRIERS**

Carrier Name: _____
DBA: _____
PUC No.: _____
Year Ended December 31, 20_____

Check one:

☐ **PASSENGER**

☐ **PROPERTY**

Section A CARRIER INFORMATION

1. Address: _____ Phone: _____
City: _____ Zip: _____

Insert an "X" if new address within the last 12 months ()

Street Address (other than P.O. Box): _____

Email Address: _____

2. Island(s) on which carrier service is offered: _____

VERIFICATION

I, _____, certify (or declare) that I am duly authorized to
(Print or Type)

file this statement; that I have knowledge to the matters contained herein; that the PUC regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this Commission; and that the report set forth in this annual report is complete, true and correct to the best of my knowledge, information and belief. **I also understand that, I am required to prepare financial reports, similar to HAW-PUC form 03-020, in accordance with the Uniform System of Accounts for Motor Carriers and maintain financial records in compliance with Hawaii Revised Statutes (HRS) Chapter 271 and Hawaii Administrative Rules (HAR) Chapter 6-62. In addition, I understand that these financial reports shall be completed by June 1st of each year and shall be kept at my place of business and furnished upon Commission request.**

Signature _____

Title _____

Date: _____

Phone _____

Section B GROSS OPERATING REVENUES**Passenger Carriers:**

Line	Classification	GROSS PUC Revenues
1	Tour	
2	Transfer	
3	Shuttle	
4	Baggage	
5	Miscellaneous (Specify):	
6	Total	

Property Carriers:

Line	Classification	GROSS PUC Revenues
1	General Commodities	
2	Specific Commodities	
3	Break Bulk & Delivery	
4	Dump Truck (Include Loading)	
5	Household Goods	
	a. Intrastate	
	b. Interstate/Military	
6	Public Warehousing (Storage In Transit)	
7	Miscellaneous (Specify):	
8	Total	

Total PUC Revenues (Line 6 or 8)**Motor Carrier Fee (Line 6 or 8 x .0025)****Note: Minimum payment due is \$20.**

Fee payment due on or before April 30th. Otherwise, penalty and interest may be assessed, pursuant to HRS Chapter 271 and HAR 6-61. **Make your check payable to Hawaii Public Utilities Commission** and attach to this page. **Indicate your PUC number on the check.** Your cancelled check is your receipt.

